

## PH.D. ORAL THESIS EXAMINATION FORM

STUDENT NAME:			STUDENT#:	
DATE:		TIME:	LOCATION:	
E-MAIL:			DEPARTMENT:	
THESIS TITLE:				

**THE THESIS EXAMINATION WILL BE OPEN UNLESS A REQUEST BASED ON JUSTIFIABLE REASONS HAS BEEN APPROVED BY AN ASSOCIATE DEAN (SGS) (SEE REGULATION HERE: [HTTP://WWW.QUEENSU.CA/CALENDARS/SGSR/THESIS.HTML](http://www.queensu.ca/calendars/sgsr/thesis.html) Attendance at the oral thesis examination)**

COMMITTEE:	NAME:	DEPT:	FOR SGS OFFICE USE:
CHAIR:			
SUPERVISOR(S):			
HEAD (OR DELEGATE)			
INTERNAL EXAMINER:			
ADDITIONAL EXAMINER:			
INTERNAL/EXTERNAL:			
<b>CROSS-APPOINTED?</b> IF YES, THE DEAN REQUIRES CONFIRMATION THAT THERE HAS BEEN NO INVOLVEMENT WITH THIS RESEARCH/THESIS			
EXTERNAL EXAMINER:		UNIVERSITY:	
RESEARCH WEBSITE:		DEPT:	
EMAIL:		PHONE:	
MAILING ADDRESS:			

WILL PARTICIPATE:  IN PERSON  \*REMOTE (i.e. SKYPE, TELECONFERENCE, VIDEOCONFERENCE, ETC.)

**IMPORTANT:** Department head, graduate coordinator, or supervisor: please check the appropriate boxes below. If they are not all "yes" consult immediately with the SGS.

Yes  No  All committee members except the external examiner and possibly the additional examiner have an academic appointment in the SGS.

Yes  No  The student is currently registered and has paid all due fees.

Yes  No  \*If applicable, remote participation of the external examiner has been agreed upon by the student, the supervisor and the department head/graduate coordinator, and the person responsible for testing the remote connection has been identified.

Yes  No  **All members of the examining committee, except the supervisor, are at arm's length from the student and the thesis content so as not to be in conflict of interest with the student (examples include co-authorship with the student on manuscripts that form part of the thesis; a personal or family relationship with the student; vested interest in the thesis/research for personal/financial gain).**

Yes  No  In addition to the above, it is confirmed that the external examiner has not published with the supervisor within the last 5 years.

For SGS Office Use Only: E-Mail Sent to...		SUPERVISOR(S):
<input type="checkbox"/>	Chair	
<input type="checkbox"/>	Student	
<input type="checkbox"/>	Examining Committee	DEPARTMENT HEAD:
<input type="checkbox"/>	External Examiner	DEAN (SGS):
Date:		